

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Lanice		Oct 11-91
O.I.P.E. CLASSIFIER		101	7/19
FORMALITY REVIEW	MU	JG 91	8/13/91
RESPONSE FORMALITY REVIEW	A-M	TC 580	10-12-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	
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4	
5	
6	✓
7	0
8	✓✓
9	0
10	✓
11	✓
12	0
13	✓
14	✓✓
15	0 0
16	0 0
17	✓
18	✓✓
19	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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